

History of Medicine Annual Dinner, October 12

The annual History of Medicine dinner will be held October 12, at 6:30 PM with a speaker at 8:00 PM at the Eldorado Hotel and casino. Dr. Hugh Shapiro, historian, will present a slide talk on Chinese Medicine titled, "Before 'Chinese Medicine': Medicine in China in comparative perspective".

The charge for the dinner with wine is \$35. The event is open to all who have an interest. Your reservation can be made at the Department of Pathology at the School of medicine.

Telephone 775.784.4068 or lmcclellan@medicine.unr.edu

Early Nevada doctors

Anton P. Sohn, M.D.



*Dr. Simeon Lemuel Lee (C. 1901
Nevada Militia)*

Dr. Simeon Lemuel Lee

Dr. S. L. Lee was born in 1844 and graduated in 1870 from an

eclectic medical school, which was based on herbal medicine. Dr. Lee came to Pioche in 1872 and moved to Carson City in 1879. He was accepted and respected by regular doctors and became president of the first State Board of Health. In addition, he was secretary of the first Board of Medical Examiners when it was created in 1899. He died in Carson City in 1927.

Dr. Lee is said to have been the first doctor to deliver an Indian baby. The story is that Dr. Lee's help was asked and the father was forcibly ejected from the Indian camp before the doctor could do the delivery. Dr. Lee also amputated an Indian's leg while he was practicing in Lincoln County. A picture is said to exist of this operation—someone holding the amputated leg.

Dr. Lee's microscope, which he brought to Pioche, is exhibited in the Hood History of Medicine Library at the School of Medicine and is probably the first microscope in Nevada. The silver nameplate from his office is also under his picture in our library. (This story is from the Nevada State Historical Society records)



*Dr. Anthony A. Huffaker (1907
President of Nevada State Medical
Association)*

Dr. Anthony A. Huffaker

Dr. Anthony Huffaker was born in 1863 and graduated from Cooper Medical School in San Francisco. It was later bought by Stanford University and became Stanford University School of Medicine. He came to Carson City in 1896, where he is said to have been the first pediatrician in the area. Dr. Huffaker was president of the Nevada State Medical Association in 1907. He was also a physician for the State Prison in Carson City.

Dr. Huffaker decided in the early part of the century that he should buy an automobile to use on his routine of daily visits to

patients. He bought the car, studied his book of instructions, and boldly took it out on his rounds. Several hours later Mrs. Huffaker was in the front yard watering his prize dahlias (his hobby) when the doctor came driving down the street. He called out to her but drove on past; in a few minutes he came back around the block, and with an agonized look on his face, drove past again; the third time around he leaned out and called to his wife, "Go get the instruction book and throw it to me the next time around—I've forgotten how it says to stop the blamed machine!" (This story is from the Nevada State Historical Society records)

Dr. Edward Shepard Grigsby

Dr. Edward S. Grigsby graduated from Hahnemann Medical College, a homeopathic school, in 1894. Like many doctors he was attracted by mining excitement and the need to supplement his income from medicine. He went to Nome, Alaska, and later to various locations in Nevada (Bullfrog, Rhyolite, and Tonopah). He was licensed in Nevada in 1905. He formed a partnership with Dr. Patrick J. McDonnell, a graduate of Johns Hopkins Medical School, who arrived in Tonopah in 1910.

While practicing in Rhyolite, he was called to attend Jim Arnold's lynching by the citizens of a mining camp, in Skidoo, California, near

Death Valley. Arnold was tried by the mob for killing Joe Simpson in Skidoo. The doctor's car got stuck in the sand and he didn't get to Skidoo in time to save Arnold, but was associated with one of the most famous lynching stories of the West. Simpson's dead body was "strung up" several times, as everyone in the town wanted a picture of the lynching and the citizens obliged by a re-enactment of the incident, including for the sheriff when he arrived. The story is a favorite "western," and no doubt the doctor told it as many times as other spectators of the "reenactment." (This story is from the Nevada State Historical Society records)

A Las Vegas Pioneer: Dr. Halle L. Hewetson

Dr. Hal Hewetson was born in Clarisville, Ohio, April 1, 1864, and graduated from the prestigious University of Pennsylvania, Department of Medicine, in 1886. That year he joined the U.S. Army where he organized the chair of pathology and bacteriology in Omaha, Nebraska. This gave him the opportunity to become railroad physician for the Union Pacific Railroad. Because of poor health he moved to Kemmerer, Wyoming, and in 1903 he became the physician for the Los Angeles and Salt Lake Railroad.

He arrived as the railroad doctor in 1905 and was the first to pitch a tent on the site that is now Las Vegas. The tent

was located in the middle of an alfalfa field in the vicinity of Fremont Street. At the time there were only two ranches, Kyle and Stewart's, in the valley. When Clark's Las Vegas town site was opened with prices of twenty-five foot lots going above the thousand-dollar mark, Hewetson attended the auction.

"He established the first hospital in Las Vegas..." which was located in a tent. This hospital later became the Las Vegas

Hospital owned by Doctors Ferguson and Balcon. During World War I Dr. Hewetson was assigned to Fort Lewis, Washington, in the medical corps. At the end of the war he returned to Las Vegas and was county physician until his retirement. He died in 1930. (This story is from the Las Vegas Evening Review-Journal March 28, 1930)

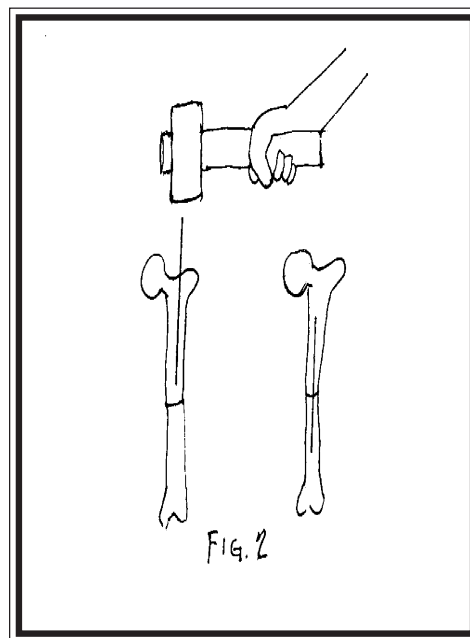
should be allowed to place iron rods into bone." The German government did not agree with his technique either. Shortly thereafter, the outbreak of World War II pushed Kuntscher into the German Army as a medical officer. Perhaps it was the war that allowed him to try his procedure on a "select" group of individuals. The positive outcomes of these soldiers/prisoners must have convinced officers within the German ranks that the procedure was effective because he was allowed to teach other medical officers the technique.

Due to the war, his idea stayed within German borders and it was not until POWs held by the Germans started returning home with "miraculous" nails in their femurs that this effective treatment became known outside Germany. It is a little known fact that German doctors took good care of injured POWs. At first, surgeons in the U.S. and France were shocked by the huge nails seen on radiographs, but then they became intrigued thus causing them to seek out information on this revolutionary fracture fixation technique. Kuntscher's pioneering efforts of treating femoral fractures revolutionized orthopedic surgery. The advantages of this closed reduction technique included a reduced risk of infection, reduced blood loss, early mobilization of the patient, a great decrease in nonunion of bone, and an overall reduction in morbidity. Patients still had to be monitored in the hospital for a week or so after the

The nail in the Bone: The History of Diaphyseal Femoral Fracture Repair (Part II of II)

Erik Schnaser

The next great advance was in 1939 when Dr. Gerhard Kuntscher published and presented his work at the Annual Congress of the German Surgical Society on a technique he called intramedullary nailing. This procedure consisted of taking a nail with the dimensions of the intramedullary cavity of the fractured femur and inserting it within the cavity thus enabling stabilization of the fracture. The first step in this procedure consisted of a precise closed reduction of the fracture with the help of an X-Ray. The stabilization implant was then inserted without exposing the fracture site. This was done by awling a hole in the greater trochanter, reaming the cavity, inserting a guide pin, and then pounding the nail into it position within the cavity (Fig. 2). When this work was initially presented at the convention, Kuntscher demonstrated that the first recipient of the intramedullary nail was able to walk on his broken leg within four



This is a stabilization implant. Dr. Kuntscher stated that the first recipient of this technique was able to walk on his leg within four days.

days of receiving the nail—a standard that was unprecedented. This work met with mixed emotions and sparked comments calling him to be forbidden from performing future nailing because “no one

surgery for post-operative complications. It took over 20 years for the procedure to gain world-wide acceptance. Since the Kuntscher nailing advent, variations of the technique have been developed.

One of these variations now commonly used is called the Russell-Taylor nailing. This method, only recently adapted, is a similar technique to the Kuntscher nail but takes the procedure one step further by statically fixing the nail in place with locking screws driven through the bone into the nail within the intramedullary cavity both proximally and distally on the femur. This procedure allows for weight bearing on the first postoperative day.

It is interesting that great

inventions within orthopedics were discovered or propagated by war. Though mortality was high due to infection, the Civil War shed light on the life-saving powers of amputation and splinting/traction. WW I helped develop antisepsis and furthered the knowledge of open fracture stabilization due to enhanced splinting. The WW II return of soldiers allowed for the acceptance and propagation of the Kuntscher nail, which may have otherwise been extinguished by conservative doctors in Germany.

The evolution of mid-shaft femoral fracture repair has allowed patients to survive a fracture that in the Civil War would have been fatal. During WW I patients would survive but

would be in traction for months, and post WW II patients had to stay in the hospital for weeks, whereas today the Russell-Taylor method allows a patient to walk out of the hospital on crutches within a few days. It is ironic that war, which claims millions of lives, can actually provide unforeseen lasting benefits such as this example from orthopedic surgery.

Editor's Note: Several of our readers pointed out to me that there was no author on the article: "Executive Order 9066 and the Mass Evacuation of Japanese from West Coast States" in our last issue, Spring 2006. The author is Dr. Ken Maehara, the Course Coordinator for Pathology at the School of Medicine. His next article will be on the medical condition in West Coast camps. Also, the Spring 2006 article does not make it clear that Pearl Harbor took place in 1941.

GREASEWOOD TABLETTES © is a quarterly publication of the Department of Pathology, Great Basin History of Medicine Division, University of Nevada School of Medicine. Anton P. Sohn is our editor. Teresa Garrison is the associate editor. Lynda D. McLellan and Gussie Burgoyne are our production assistants. The newsletter is printed by the University of Nevada Printing Shop. **The cost of publication is paid for by a grant from Parks, Ritzlin and Sohn, Ltd.** The editor solicits any items of interest for publication. Suggestions, corrections and comments are welcome. Please feel free to write or call us. The address is Department of Pathology/350, University of Nevada School of Medicine, Reno, NV, 89557. Our telephone is (775) 784-4068. The name GREASEWOOD TABLETTES © is derived from the greasewood plant or creosote bush, a plant that was used by Native Nevadans for medicinal purposes. It is still the subject of pharmacological research today.